

# **KENTUCKY PERSONNEL CABINET**

## Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance  
Board Members

April 2018

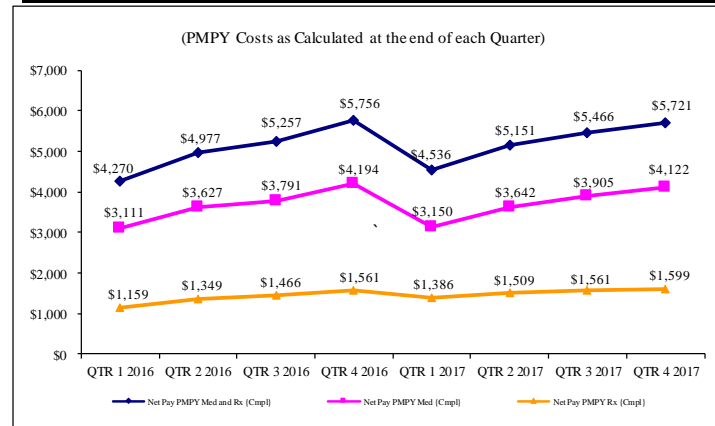
# DASHBOARD REPORT: BASED ON INCURRED CLAIMS THROUGH NOV 2017

Includes Projections for Incurred, but Not Yet Reported (IBNR)

## Enrollment

Fact	Dec 2016 - Nov 2017	Dec 2015 - Nov 2016	% Change
Employees Avg Med	145,414	146,855	-0.98%
Members Avg Med	262,884	262,034	0.32%
Family Size Avg	1.8	1.8	1.32%
Member Age Avg	36.8	37.0	-0.32%

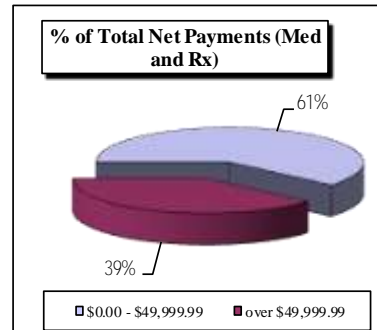
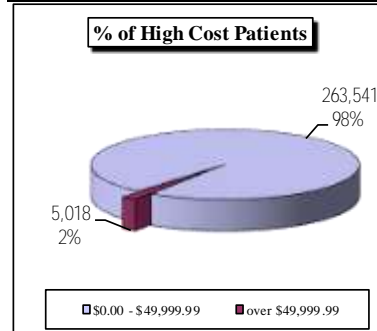
## Net Incurred Claims Cost per Member



## Allowed Claims Costs PMPY with Norms

	Dec 2015 - Nov 2016	Dec 2016 - Nov 2017	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$4,449.87	\$4,572.69	3%	\$4,925.07	-7.71%
Allow Amt PMPY IP Acute {Cmpl}	\$1,260.22	\$1,309.64	4%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$3,175.75	\$3,251.43	2%	\$3,470.03	-6.72%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,768.62	\$1,794.70	1%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$903.16	\$947.91	5%	N/A	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$210.68	\$220.45	5%	N/A	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$441.07	\$454.59	3%	N/A	N/A
Out of Pocket PMPY Med {Cmpl}	\$727.54	\$789.74	9%	\$728.24	7.79%
Allow Amt PMPY Rx {Cmpl}	\$1,582.52	\$1,718.52	9%	\$1,365.23	20.56%
Out of Pocket PMPY Rx {Cmpl}	\$206.40	\$197.19	-4%	\$0.00	N/A

## High Cost Claimants Dec 16—Nov 17



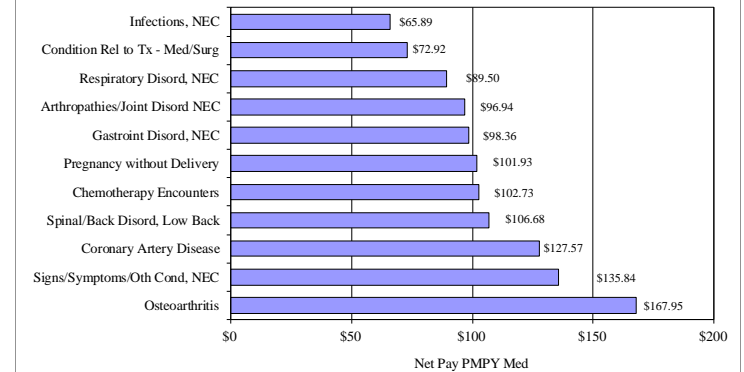
## Cost Drivers Support

Fact	Dec 2015 - Nov 2016	Dec 2016 - Nov 2017	% Change
Allow Amt Per Day Adm Acute	\$4,430.76	\$4,633.31	4.57%
Days Per 1000 Adm Acute	282.36	275.71	-2.35%
Allow Amt Per Visit OP Fac Med	\$1,511.10	\$1,460.26	-3.36%
Visits Per 1000 OP Fac Med	1,170.17	1,216.40	3.95%
Allow Amt Per Visit Office Med	\$117.19	\$119.28	1.78%
Visits Per 1000 Office Med	7,705.95	7,888.70	2.37%
Allow Amt Per Day Supply Rx	\$2.85	\$3.00	5.19%
Days Supply PMPY Rx	555.72	573.21	3.15%

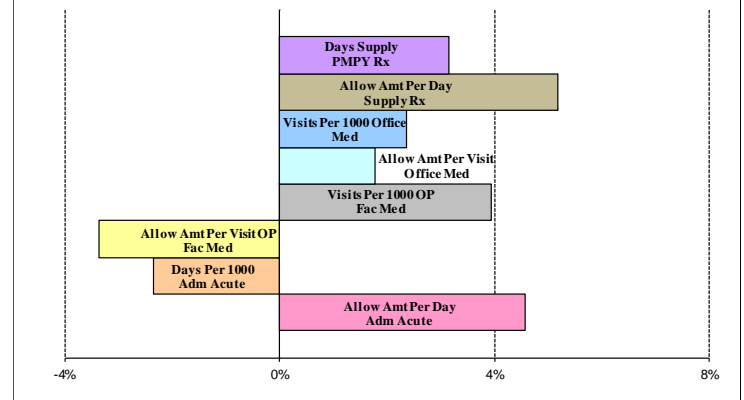
## Prescription Drug Programs

	Fact	Dec 2015 - Nov 2016	Dec 2016 - Nov 2017	% Change
Mail Order	Discount Off AWP % Rx	51.76%	51.84%	0.16%
	Scripts Generic Efficiency Rx	96.00%	96.58%	0.61%
Retail	Discount Off AWP % Rx	52.47%	51.74%	-1.39%
	Scripts Generic Efficiency Rx	97.06%	97.07%	0.01%
Total	Discount Off AWP % Rx	52.26%	51.77%	-0.93%
	Scripts Generic Efficiency Rx	96.94%	97.01%	0.07%
	Scripts Maint Rx % Mail Order	15.19%	16.58%	9.14%

## Top 10 Clinical Conditions



## Cost Drivers—Utilization and Price Trends



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*Paid data as of: February 2018*

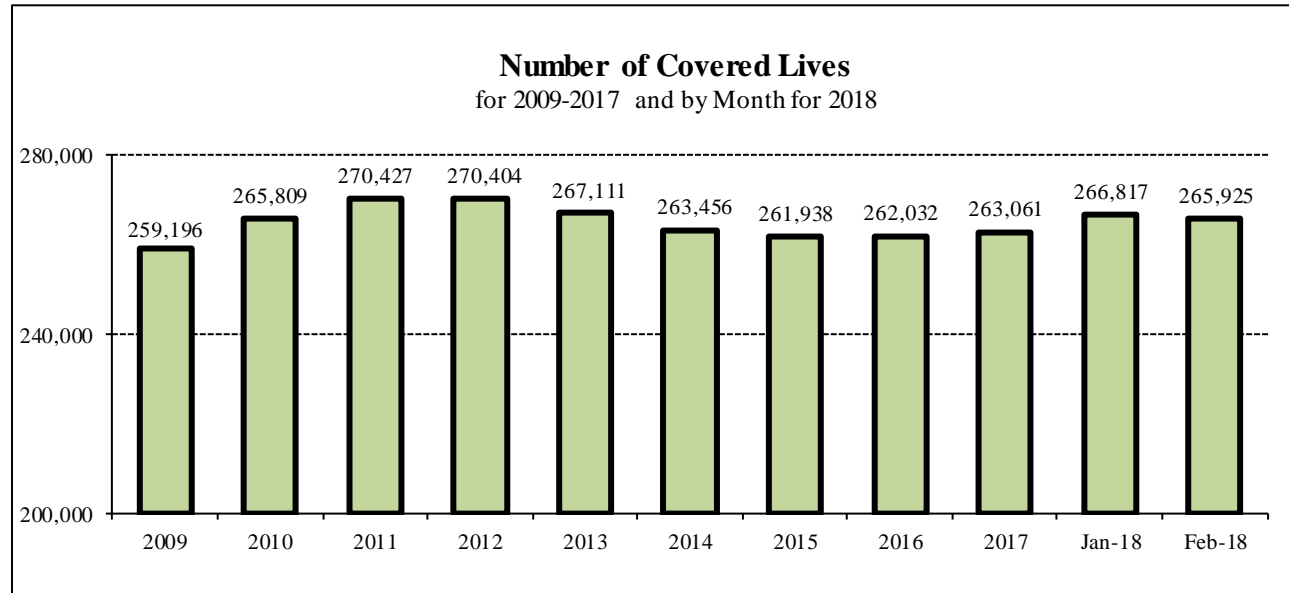
*Incurred data as of: November 2017*

## Enrollment

The following chart shows planholder enrollment (contracts) for 2009-2017 and monthly year-to-date for 2018. Enrollment will fluctuate on a monthly basis. (Approximately 7,300 Cross-Reference spouses in any given month are not included.)

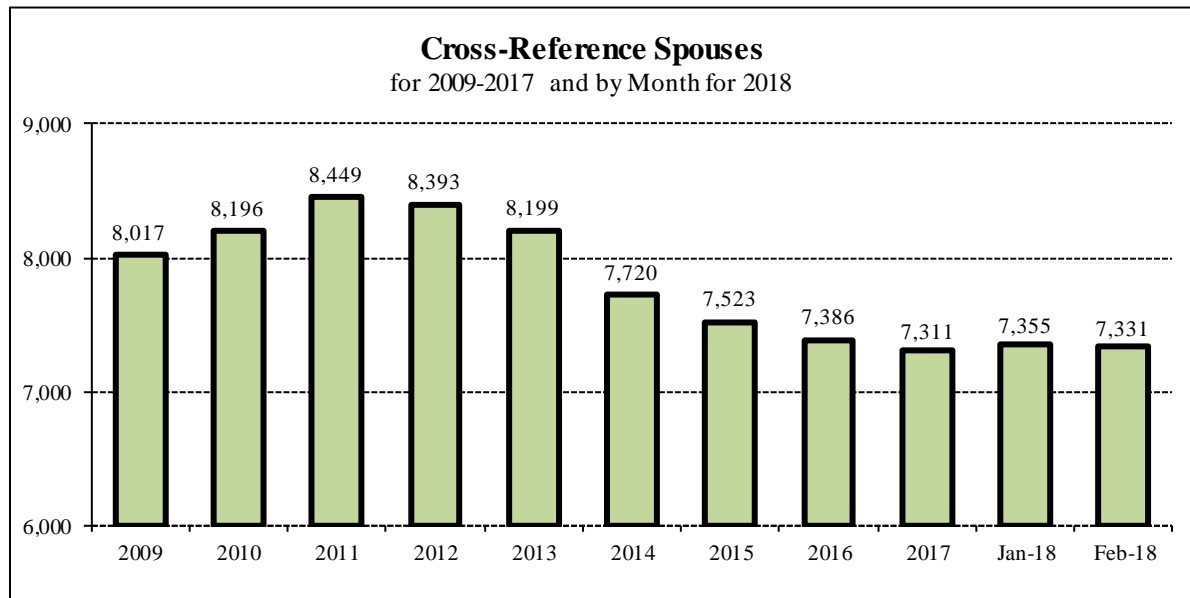


The following chart shows member enrollment (covered lives) for 2009-2017 and monthly year-to-date for 2018. Enrollment will fluctuate on a monthly basis.



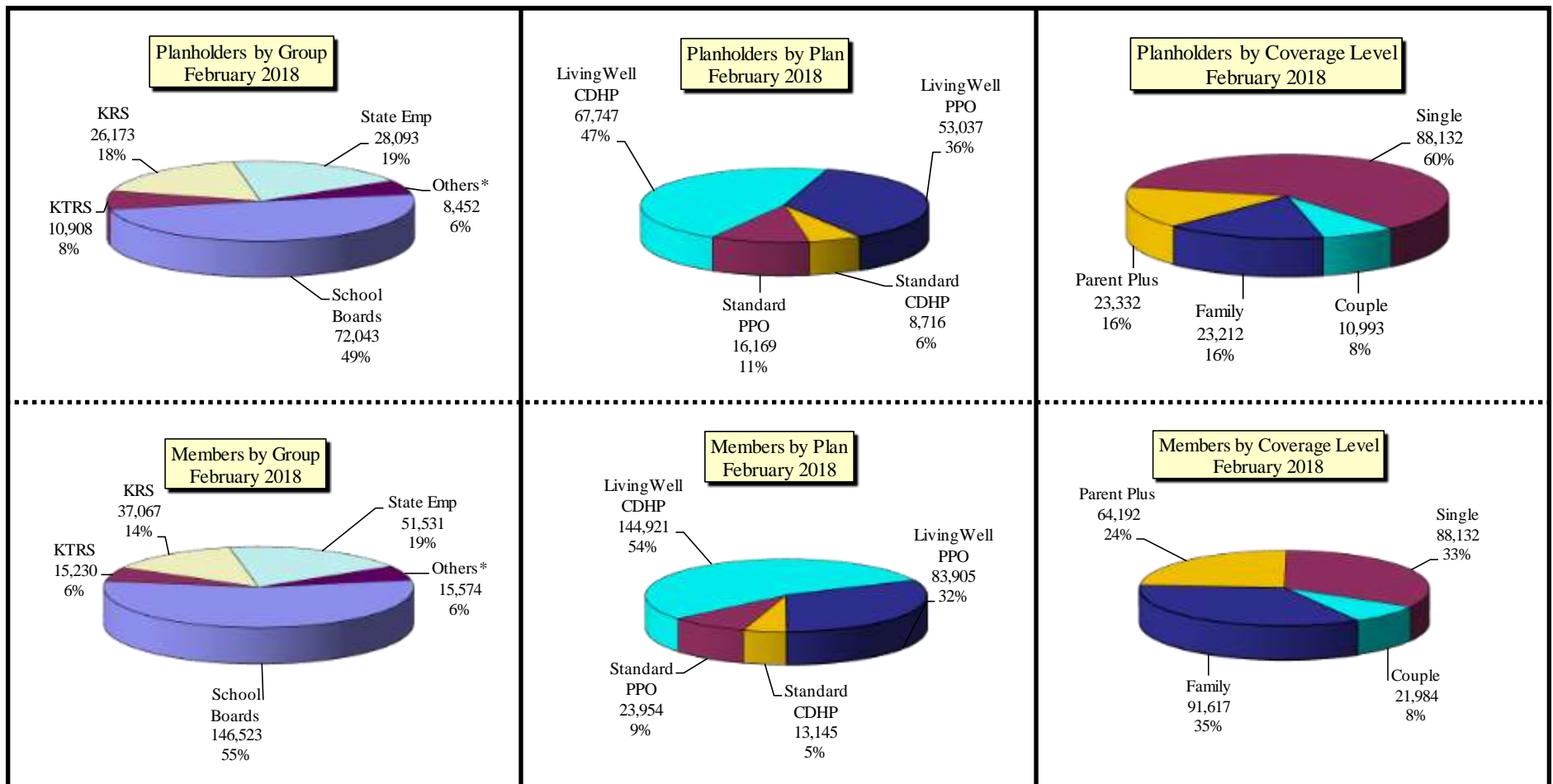
## **Enrollment** *(continued)*

The following graph shows the number of Cross-Reference Spouses for 2009-2017 and monthly year-to-date for 2018. The number of Cross-Reference Spouses will fluctuate on a monthly basis.



## **Enrollment** *(continued)*

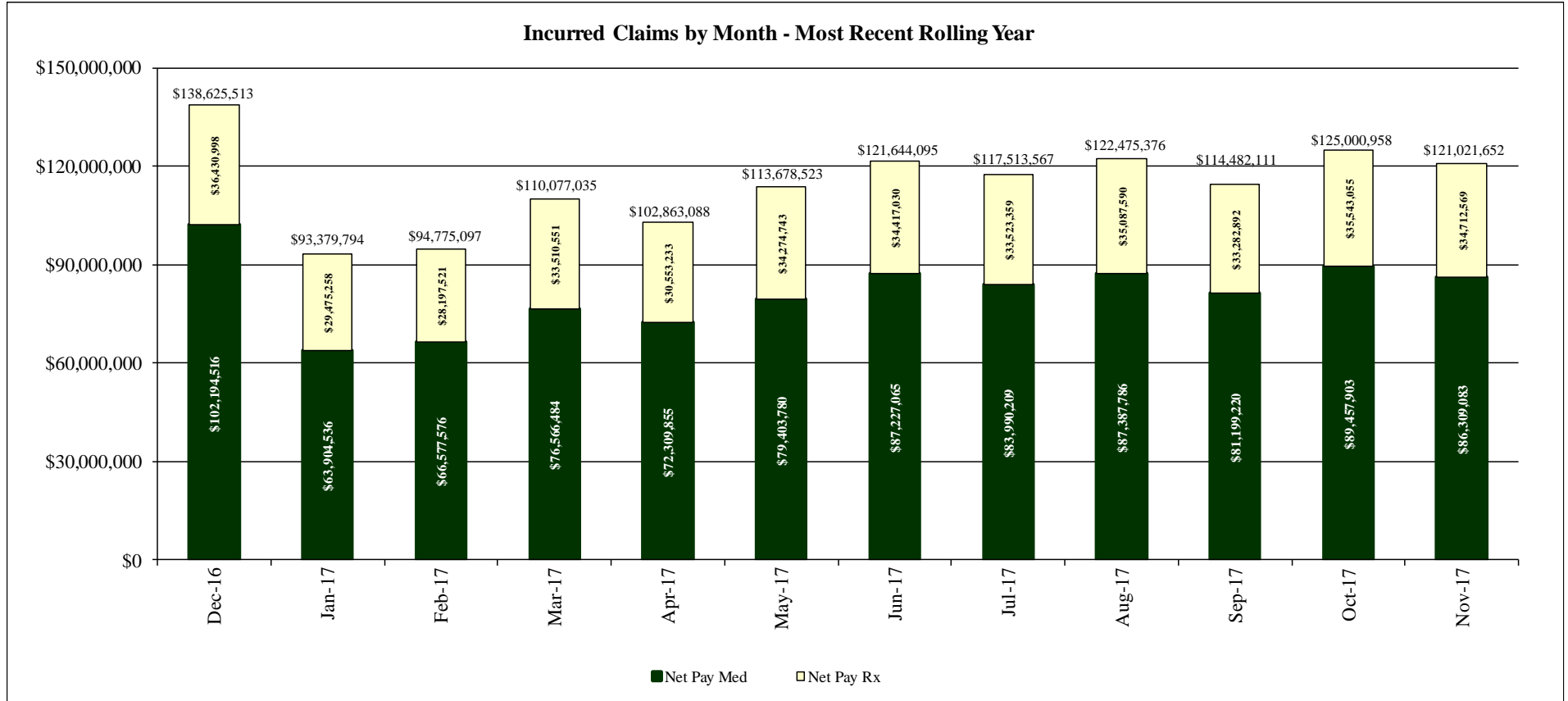
The following charts show Planholder and Member enrollment by Group, Health Plan, and Coverage Level.



\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

## Claims Costs

Claims costs include Incurred Medical and Pharmacy (Rx) Claims Cost for the most recent rolling year.



## **Claims Costs** *(continued)*

The following table represents Incurred Medical Claims by Group for 2009-2016 and monthly year-to-date for 2017.

<b>INCURRED MEDICAL CLAIMS BY GROUP</b>						
<b>Time Period</b>	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others</b>	<b>Totals</b>
2009	\$427,644,878	\$123,944,338	\$220,434,791	\$177,195,445	\$68,628,440	\$1,017,847,892
2010	\$467,251,898	\$134,399,726	\$218,395,487	\$193,151,301	\$79,182,411	\$1,092,380,824
2011	\$475,939,979	\$137,632,074	\$239,407,280	\$200,932,917	\$80,536,373	\$1,134,448,624
2012	\$507,681,774	\$138,118,714	\$243,217,120	\$206,804,511	\$90,085,615	\$1,185,907,733
2013	\$523,689,024	\$134,541,840	\$232,179,281	\$214,229,963	\$96,163,847	\$1,200,803,955
2014	\$465,112,511	\$121,029,097	\$216,483,334	\$202,992,249	\$80,366,825	\$1,085,984,016
2015	\$406,274,397	\$100,740,841	\$189,171,173	\$159,519,123	\$62,701,359	\$918,406,894
2016	\$434,939,677	\$101,277,708	\$194,831,080	\$171,761,539	\$61,208,016	\$964,018,021
Jan 2017	\$27,740,143	\$6,565,647	\$13,404,160	\$11,639,340	\$4,555,246	\$63,904,536
Feb 2017	\$30,620,005	\$5,668,158	\$14,845,275	\$11,805,738	\$3,638,400	\$66,577,576
Mar 2017	\$33,229,791	\$8,143,963	\$14,713,370	\$15,551,497	\$4,927,862	\$76,566,484
Apr 2017	\$34,007,252	\$6,727,350	\$15,044,579	\$12,153,995	\$4,376,680	\$72,309,855
May 2017	\$38,419,257	\$7,458,787	\$15,324,984	\$13,428,388	\$4,772,364	\$79,403,780
Jun 2017	\$42,820,618	\$7,638,775	\$17,092,090	\$15,070,159	\$4,605,423	\$87,227,065
Jul 2017	\$41,755,396	\$8,096,418	\$15,019,050	\$14,423,093	\$4,696,251	\$83,990,209
Aug 2017	\$38,338,688	\$8,688,100	\$17,598,832	\$16,939,266	\$5,822,900	\$87,387,786
Sep 2017	\$35,154,294	\$8,664,023	\$16,800,124	\$15,548,632	\$5,032,146	\$81,199,220
Oct 2017	\$40,790,594	\$8,987,330	\$18,275,066	\$16,088,986	\$5,315,927	\$89,457,903
Nov 2017	\$38,718,987	\$8,737,508	\$17,746,277	\$15,345,436	\$5,760,873	\$86,309,083

\* Others include COBRA, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).



## **Claims Costs** *(continued)*

The following table represents Incurred Pharmacy Claims by Group for 2009-2016 and monthly year-to-date for 2017.

<b>INCURRED RX CLAIMS BY GROUP</b>						
<b>Time Period</b>	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others*</b>	<b>Totals</b>
2009	\$119,002,425	\$45,308,689	\$82,234,684	\$50,881,577	\$18,339,245	\$315,766,619
2010	\$129,624,203	\$49,399,459	\$89,783,758	\$55,125,407	\$21,022,918	\$344,955,745
2011	\$126,659,101	\$48,675,489	\$92,082,668	\$54,232,323	\$20,434,256	\$342,083,837
2012	\$133,983,235	\$50,751,278	\$88,781,373	\$58,571,312	\$21,662,510	\$353,749,707
2013	\$140,311,249	\$50,990,433	\$78,583,695	\$60,381,053	\$22,626,889	\$352,893,319
2014	\$131,098,426	\$43,053,078	\$73,830,755	\$55,751,835	\$20,884,223	\$324,618,317
2015	\$128,986,707	\$42,244,376	\$74,179,491	\$56,345,102	\$21,644,751	\$323,400,427
2016	\$150,162,296	\$44,005,516	\$82,314,544	\$62,085,500	\$23,920,745	\$362,488,602
Jan 2017	\$11,808,085	\$3,331,973	\$6,914,911	\$5,403,282	\$2,017,008	\$29,475,258
Feb 2017	\$11,868,095	\$3,323,453	\$6,552,927	\$4,738,463	\$1,714,582	\$28,197,521
Mar 2017	\$14,058,029	\$3,861,834	\$7,645,973	\$5,677,339	\$2,267,376	\$33,510,551
Apr 2017	\$12,789,588	\$3,629,902	\$6,787,089	\$5,341,263	\$2,005,392	\$30,553,233
May 2017	\$14,579,298	\$3,940,072	\$7,552,583	\$5,896,504	\$2,306,287	\$34,274,743
Jun 2017	\$14,606,297	\$3,935,761	\$7,624,936	\$5,969,965	\$2,280,070	\$34,417,030
Jul 2017	\$14,173,049	\$4,099,725	\$7,460,543	\$5,728,242	\$2,061,800	\$33,523,359
Aug 2017	\$14,989,329	\$3,980,254	\$7,974,429	\$6,099,834	\$2,043,743	\$35,087,590
Sep 2017	\$13,926,549	\$4,057,223	\$7,363,743	\$5,835,065	\$2,100,312	\$33,282,892
Oct 2017	\$15,165,280	\$3,976,274	\$7,835,490	\$6,055,048	\$2,510,962	\$35,543,055
Nov 2017	\$15,040,899	\$4,164,052	\$7,642,097	\$5,758,462	\$2,107,060	\$34,712,569

\* Others include COBRA, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

### **Claims Costs** *(continued)*

The following table represents Incurred Medical Claims by Health Plan for 2009-2016 and monthly year-to-date for 2017.

INCURRED MEDICAL CLAIMS BY PLAN										
Time Period	Capitol Choice	Maximum Choice	Optimum PPO	CW Standard PPO	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Missing*	Total
2009	\$115,052,390	\$44,250,277	\$839,555,872	\$14,550,862					\$4,290,752	\$1,017,847,892
2010	\$120,801,466	\$56,099,090	\$893,370,461	\$15,244,745					\$6,865,062	\$1,092,380,824
2011	\$145,752,975	\$71,531,690	\$872,004,689	\$39,637,013					\$5,522,257	\$1,134,448,624
2012	\$159,420,476	\$75,626,849	\$887,301,358	\$53,534,574	(\$83)	(\$1,306)	(\$277)	\$0	\$10,026,143	\$1,185,909,745
2013	\$157,512,671	\$78,703,350	\$875,934,324	\$65,114,150	\$216,633	\$876,162	\$1,179,585	\$1,083,964	\$11,952,397	\$1,192,575,248
2014	\$1,510	\$529	\$75,560	\$15,221	\$57,385,008	\$46,095,825	\$598,724,084	\$375,470,631	\$8,215,648	\$1,085,986,030
2015	\$0	\$0	\$0	\$0	\$44,667,812	\$42,936,874	\$448,978,765	\$376,288,065	\$5,535,378	\$918,408,909
2016	\$0	\$0	\$0	\$0	\$53,465,328	\$48,412,611	\$447,103,093	\$408,372,691	\$6,664,297	\$964,020,037
Jan 2017	\$0	\$0	\$0	\$0	\$4,374,085	\$1,874,330	\$29,815,776	\$27,525,692	\$314,653	\$63,947,272
Feb 2017	\$0	\$0	\$0	\$0	\$4,762,199	\$2,139,386	\$28,872,737	\$30,600,961	\$202,292	\$66,620,343
Mar 2017	\$0	\$0	\$0	\$0	\$4,626,871	\$2,787,312	\$32,590,636	\$36,205,513	\$356,152	\$76,609,279
Apr 2017	\$0	\$0	\$0	\$0	\$5,355,968	\$1,956,856	\$30,301,295	\$34,378,745	\$316,991	\$72,352,681
May 2017	\$0	\$0	\$0	\$0	\$4,528,416	\$2,937,014	\$33,091,498	\$38,345,812	\$501,040	\$79,446,636
Jun 2017	\$0	\$0	\$0	\$0	\$5,768,305	\$2,233,239	\$36,835,229	\$41,680,071	\$710,220	\$87,269,952
Jul 2017	\$0	\$0	\$0	\$0	\$6,276,062	\$2,459,052	\$34,018,333	\$40,790,520	\$446,242	\$84,033,126
Aug 2017	\$0	\$0	\$0	\$0	\$6,145,775	\$2,334,865	\$35,961,710	\$41,996,438	\$948,998	\$87,430,734
Sep 2017	\$0	\$0	\$0	\$0	\$5,794,870	\$2,420,641	\$32,791,175	\$39,569,736	\$622,797	\$81,242,199
Oct 2017	\$0	\$0	\$0	\$0	\$5,883,972	\$2,827,935	\$36,797,805	\$43,568,876	\$379,316	\$89,500,912
Nov 2017	\$0	\$0	\$0	\$0	\$5,907,227	\$2,696,358	\$36,034,330	\$41,316,991	\$354,177	\$86,352,123

\*Missing means the claims could not be tagged to a specific Health Plan.

### **Claims Costs** *(continued)*

The following table represents Incurred Pharmacy Claims by Health Plan for 2009-2016 and monthly year-to-date for 2017.

<b>INCURRED RX CLAIMS BY PLAN</b>										
<b>Time Period</b>	<b>Capitol Choice</b>	<b>Maximum Choice</b>	<b>Optimum PPO</b>	<b>CW Standard PPO</b>	<b>Standard PPO</b>	<b>Standard CDHP</b>	<b>LivingWell PPO</b>	<b>LivingWell CDHP</b>	<b>Missing*</b>	<b>Total</b>
2009	\$35,845,894	\$7,804,096	\$267,798,635	\$3,632,729					\$627,662	\$315,766,619
2010	\$37,400,953	\$10,541,054	\$292,411,029	\$3,839,193					\$763,517	\$344,955,745
2011	\$44,303,915	\$13,658,792	\$275,615,919	\$8,069,769					\$435,441	\$342,083,836
2012	\$47,436,530	\$14,365,504	\$280,632,291	\$10,764,647					\$550,735	\$353,749,707
2013	\$46,693,999	\$15,357,135	\$276,749,095	\$14,030,828					-\$153,326	\$352,677,732
2014	\$3,375	\$220	\$33,102	\$3,098	\$17,730,754	\$5,829,739	\$217,764,345	\$82,940,511	\$313,173	\$324,618,317
2015	\$0	\$0	\$0	\$0	\$16,014,926	\$6,904,603	\$201,586,728	\$98,817,934	\$76,235	\$323,400,427
2016	\$0	\$0	\$0	\$0	\$19,009,433	\$7,471,903	\$216,146,237	\$119,650,908	\$210,122	\$362,488,602
Jan 2017	\$0	\$0	\$0	\$0	\$1,962,381	\$261,523	\$17,990,172	\$9,250,123	\$11,059	\$29,475,258
Feb 2017	\$0	\$0	\$0	\$0	\$1,827,971	\$269,623	\$16,843,278	\$9,233,862	\$22,787	\$28,197,521
Mar 2017	\$0	\$0	\$0	\$0	\$2,001,903	\$296,595	\$19,279,562	\$11,908,808	\$23,683	\$33,510,551
Apr 2017	\$0	\$0	\$0	\$0	\$1,732,909	\$284,909	\$17,210,267	\$11,317,579	\$7,570	\$30,553,233
May 2017	\$0	\$0	\$0	\$0	\$2,185,873	\$379,246	\$18,761,781	\$12,944,616	\$3,228	\$34,274,743
Jun 2017	\$0	\$0	\$0	\$0	\$1,898,641	\$400,976	\$19,019,798	\$13,093,466	\$4,148	\$34,417,030
Jul 2017	\$0	\$0	\$0	\$0	\$1,971,267	\$428,962	\$17,872,850	\$13,247,464	\$2,816	\$33,523,359
Aug 2017	\$0	\$0	\$0	\$0	\$1,814,632	\$494,426	\$18,510,436	\$14,265,009	\$3,087	\$35,087,590
Sep 2017	\$0	\$0	\$0	\$0	\$1,847,218	\$457,340	\$17,374,193	\$13,599,412	\$4,729	\$33,282,892
Oct 2017	\$0	\$0	\$0	\$0	\$1,910,566	\$517,238	\$18,306,859	\$14,806,639	\$1,753	\$35,543,055
Nov 2017	\$0	\$0	\$0	\$0	\$1,804,720	\$477,149	\$17,471,072	\$14,956,178	\$3,450	\$34,712,569

*\*Missing means the claims could not be tagged to a specific Health Plan.*

## **Claims Costs** *(continued)*

The following represents Incurred Medical Claims by Coverage Level for 2009-2016 and monthly year-to-date for 2017.

<b>INCURRED MEDICAL CLAIMS BY COVERAGE LEVEL</b>						
<b>Time Period</b>	<b>Couple</b>	<b>Family</b>	<b>Parent Plus</b>	<b>Single</b>	<b>Unknown*</b>	<b>Total</b>
2009	\$148,834,766	\$197,496,335	\$148,195,132	\$519,153,082	\$4,168,576	\$1,017,847,892
2010	\$161,490,560	\$207,327,688	\$168,831,673	\$547,945,617	\$6,785,286	\$1,092,380,824
2011	\$159,448,230	\$231,732,200	\$184,502,900	\$553,571,504	\$5,473,567	\$1,134,728,400
2012	\$159,856,516	\$247,003,535	\$194,212,198	\$574,926,707	\$9,908,778	\$1,185,907,733
2013	\$145,507,029	\$251,770,711	\$207,256,121	\$576,091,144	\$11,948,229	\$1,192,573,235
2014	\$131,271,014	\$239,094,807	\$182,552,523	\$524,850,024	\$8,215,648	\$1,085,984,016
2015	\$113,336,633	\$214,230,643	\$156,724,538	\$428,579,702	\$5,535,378	\$918,406,894
2016	\$116,026,858	\$233,445,558	\$157,671,923	\$450,209,385	\$6,664,297	\$964,018,021
Jan 2017	\$8,086,251	\$15,853,364	\$10,467,783	\$29,182,485	\$314,653	\$63,904,536
Feb 2017	\$8,926,503	\$17,003,448	\$10,529,055	\$29,916,277	\$202,292	\$66,577,576
Mar 2017	\$9,488,085	\$19,281,985	\$12,759,023	\$34,681,238	\$356,152	\$76,566,484
Apr 2017	\$9,397,779	\$18,388,441	\$11,135,672	\$33,070,972	\$316,991	\$72,309,855
May 2017	\$10,007,031	\$20,533,178	\$12,069,339	\$36,293,191	\$501,040	\$79,403,780
Jun 2017	\$11,175,487	\$21,079,638	\$13,920,605	\$40,341,114	\$710,220	\$87,227,065
Jul 2017	\$10,183,506	\$21,524,729	\$14,188,951	\$37,646,780	\$446,242	\$83,990,209
Aug 2017	\$11,234,393	\$22,174,659	\$13,897,787	\$39,131,949	\$948,998	\$87,387,786
Sep 2017	\$10,931,797	\$20,027,588	\$12,542,897	\$37,074,141	\$622,797	\$81,199,220
Oct 2017	\$11,840,117	\$23,173,030	\$14,624,258	\$39,441,182	\$379,316	\$89,457,903
Nov 2017	\$10,631,978	\$22,274,132	\$13,431,565	\$39,617,231	\$354,177	\$86,309,083

*\*Unable to tag claims to a specific coverage level*

**Claims Costs** *(continued)*

The following represents Incurred Pharmacy Claims by Coverage Level for 2009-2016 and monthly year-to-date for 2017.

INCURRED RX CLAIMS BY COVERAGE LEVEL						
Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2009	\$51,545,047	\$59,726,568	\$37,315,867	\$166,599,775	\$579,363	\$315,766,619
2010	\$57,195,759	\$64,920,207	\$41,129,813	\$180,993,674	\$716,292	\$344,955,745
2011	\$55,944,577	\$66,704,498	\$43,290,721	\$175,791,341	\$352,568	\$342,083,705
2012	\$54,761,601	\$70,977,910	\$47,935,016	\$179,708,356	\$366,823	\$353,749,707
2013	\$50,604,750	\$72,780,959	\$51,981,507	\$177,679,696	-\$153,593	\$352,893,319
2014	\$45,477,497	\$67,741,378	\$45,635,023	\$165,451,246	\$313,173	\$324,618,317
2015	\$42,958,009	\$68,807,054	\$45,211,777	\$166,347,352	\$76,235	\$323,400,427
2016	\$48,056,358	\$80,359,134	\$49,726,444	\$184,136,545	\$210,122	\$362,488,602
Jan 2017	\$3,872,520	\$6,433,878	\$3,983,879	\$15,173,922	\$11,059	\$29,475,258
Feb 2017	\$3,815,835	\$6,167,325	\$3,918,546	\$14,273,029	\$22,787	\$28,197,521
Mar 2017	\$4,496,784	\$7,528,359	\$4,704,197	\$16,757,528	\$23,683	\$33,510,551
Apr 2017	\$4,008,133	\$6,870,172	\$4,081,564	\$15,585,795	\$7,570	\$30,553,233
May 2017	\$4,623,062	\$7,575,308	\$4,626,423	\$17,446,723	\$3,228	\$34,274,743
Jun 2017	\$4,537,665	\$8,008,461	\$4,593,094	\$17,273,661	\$4,148	\$34,417,030
Jul 2017	\$4,218,776	\$7,582,097	\$4,616,270	\$17,103,401	\$2,816	\$33,523,359
Aug 2017	\$4,639,378	\$8,185,671	\$5,018,011	\$17,241,442	\$3,087	\$35,087,590
Sep 2017	\$4,426,734	\$7,755,655	\$4,621,201	\$16,474,573	\$4,729	\$33,282,892
Oct 2017	\$4,642,068	\$8,368,403	\$4,959,017	\$17,571,814	\$1,753	\$35,543,055
Nov 2017	\$4,783,545	\$8,574,809	\$4,790,741	\$16,560,024	\$3,450	\$34,712,569

\*Unable to tag claims to a specific coverage level

## **Medical Claims Utilization**

The following is based on Incurred Medical Claims\* from Jan-Nov 2017.

<b>Plan</b>	<b>Admits Per 1000 Acute</b>	<b>Admits Per 1000 Acute Rcnt SGovt</b>	<b>% Diff from Rcnt SGovt</b>	<b>Days LOS per Admit Acute</b>	<b>Days LOS per Admit Acute Rcnt SGovt</b>	<b>% Diff from Rcnt SGovt</b>	<b>Days Per 1000 Admits Acute</b>	<b>Days Per 1000 Admits Acute Rcnt SGovt</b>	<b>% Diff from Rcnt SGovt</b>
<b>LivingWell CDHP</b>	56.55	57.00	-0.80%	4.12	4.05	1.53%	232.79	252.66	-7.86%
<b>LivingWell PPO</b>	65.17	58.81	10.83%	4.48	4.47	0.11%	291.96	272.28	7.23%
<b>Standard CDHP</b>	37.97	55.43	-31.49%	5.40	4.64	16.19%	204.91	241.52	-15.16%
<b>Standard PPO</b>	67.30	60.43	11.37%	4.99	4.81	3.76%	335.54	279.62	20.00%
<b>Average</b>	<b>59.27</b>	<b>57.79</b>	<b>2.57%</b>	<b>4.37</b>	<b>4.30</b>	<b>1.73%</b>	<b>259.10</b>	<b>260.81</b>	<b>-0.66%</b>

<b>Plan</b>	<b>Visits Per 1000 Office</b>	<b>Visits Per 1000 Office Rcnt US</b>	<b>% Diff from Rcnt US</b>	<b>Visits Per 1000 ER</b>	<b>Visits Per 1000 ER Rcnt US</b>	<b>% Diff from Rcnt US</b>
<b>LivingWell CDHP</b>	7,676.86	6,648.69	13.39%	175.79	230.83	-31.31%
<b>LivingWell PPO</b>	9,069.97	7,365.05	18.80%	196.98	232.78	-18.17%
<b>Standard CDHP</b>	4,432.39	6,558.71	-47.97%	165.05	231.86	-40.48%
<b>Standard PPO</b>	5,806.99	7,171.26	-23.49%	222.27	232.18	-4.46%
<b>Average</b>	<b>7,856.73</b>	<b>6,932.70</b>	<b>11.76%</b>	<b>185.83</b>	<b>231.67</b>	<b>-24.67%</b>

<b>Plan</b>	<b>Svcs Per 1000 OP Lab</b>	<b>Svcs Per 1000 OP Lab Rcnt US</b>	<b>% Diff from Rcnt US</b>	<b>Svcs Per 1000 OP Rad</b>	<b>Svcs Per 1000 OP Rad Rcnt US</b>	<b>%Diff from Rcnt US</b>
<b>LivingWell CDHP</b>	7,911.44	7,834.38	0.98%	2,088.61	2,032.34	2.77%
<b>LivingWell PPO</b>	10,331.78	9,034.79	14.36%	2,758.68	2,542.12	8.52%
<b>Standard CDHP</b>	5,274.71	8,172.04	-35.45%	1,467.81	2,090.29	-29.78%
<b>Standard PPO</b>	7,789.07	9,019.42	-13.64%	2,096.87	2,393.27	-12.38%
<b>Average</b>	<b>8,607.82</b>	<b>8,359.29</b>	<b>2.97%</b>	<b>2,290.49</b>	<b>2,240.67</b>	<b>2.22%</b>

### **Notes:**

Rcnt SGovt—Recent State Government

Rcnt US—Recent US

LOS—Length of Stay

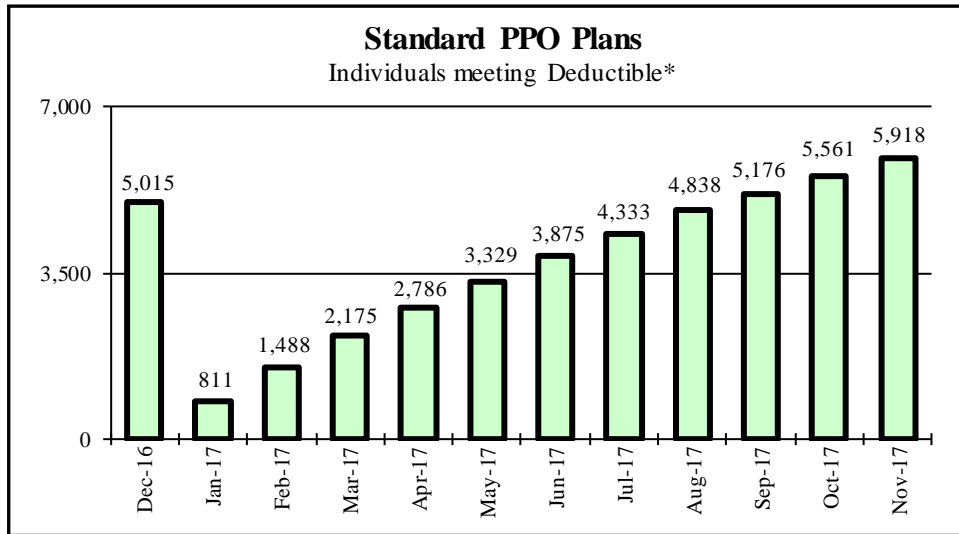
OP—Outpatient

OP Rad—Outpatient Radiology

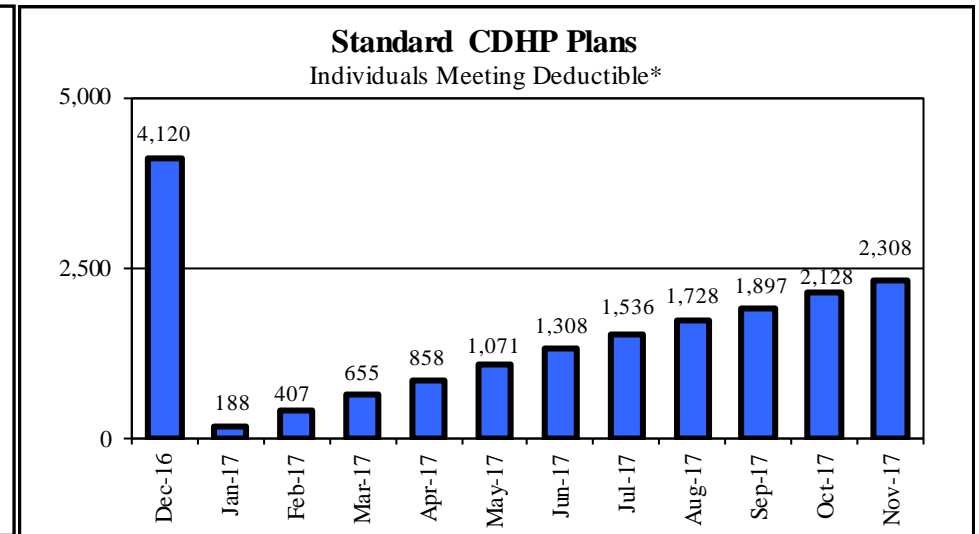
\*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

## Analysis of Individuals and Families Meeting Their Deductibles

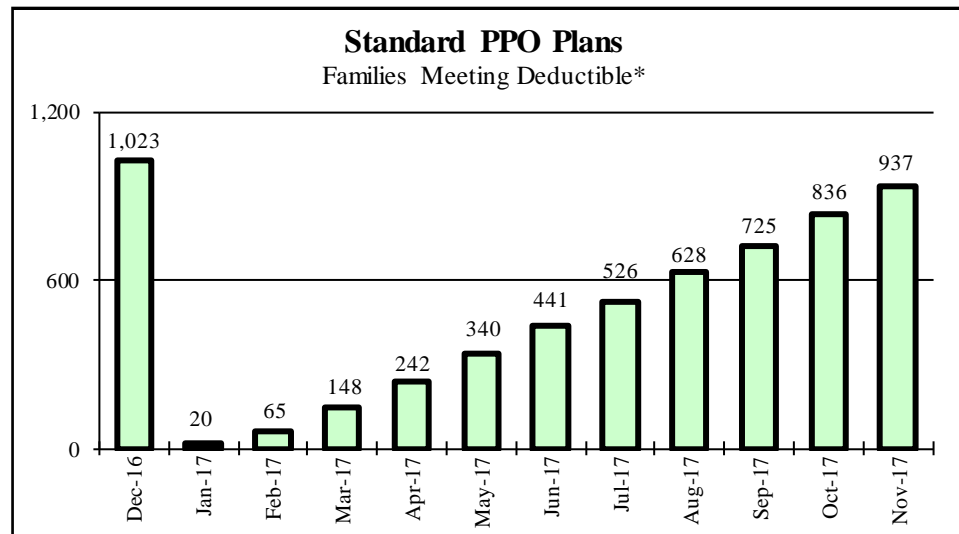
The following details the number of individuals and families by Health Plan that met their deductible for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



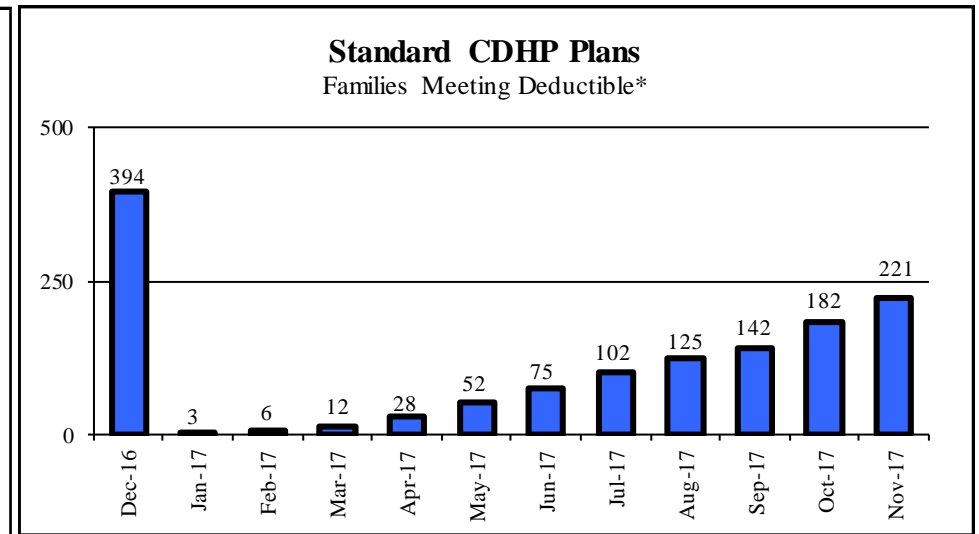
\* 2016 and 2017 Individual Deductible is \$750



\* 2016 and 2017 Individual Deductible is \$1,750



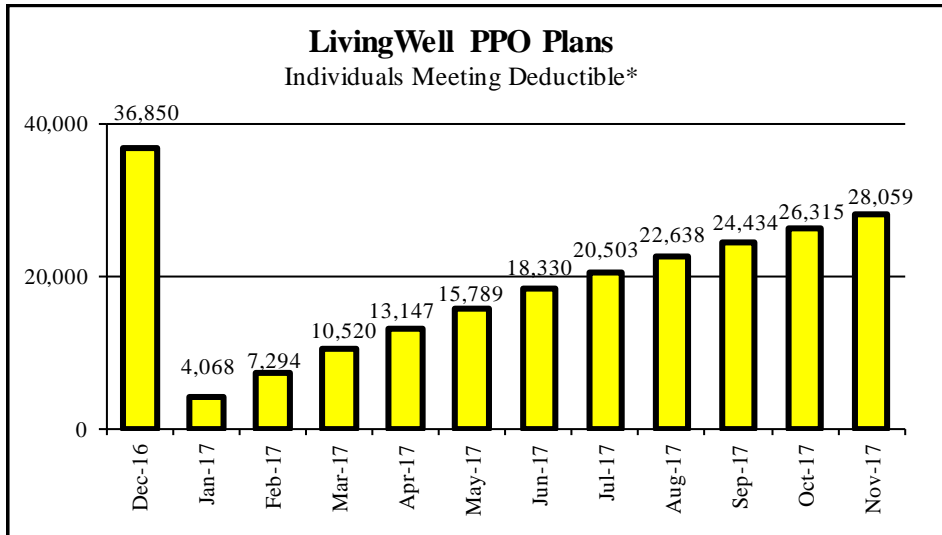
\* 2016 and 2017 Family Deductible is \$1,500



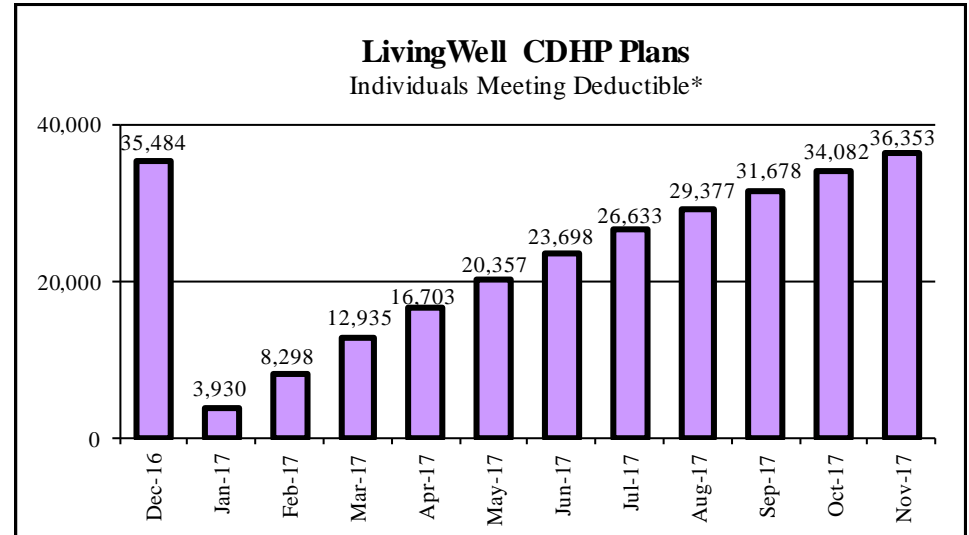
\* 2016 and 2017 Family Deductible is \$3,500

## Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

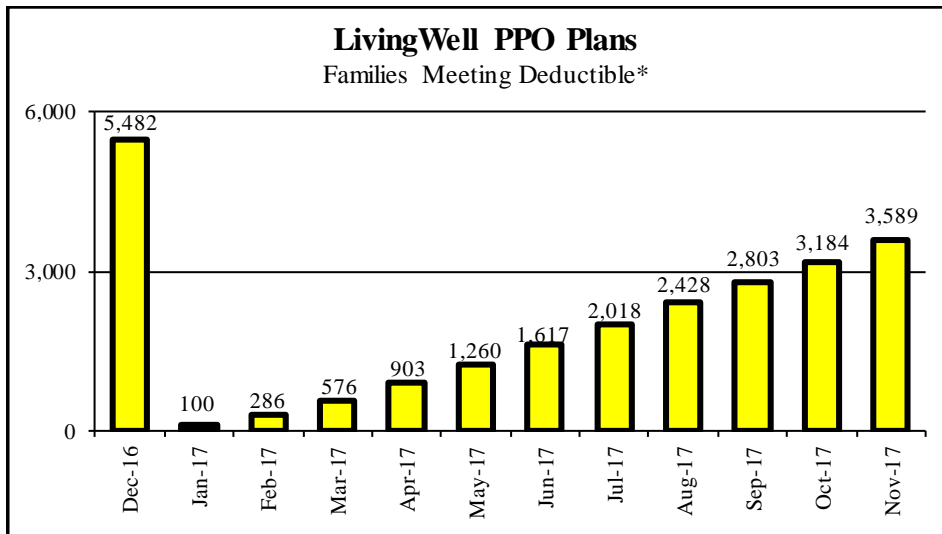
The following details the number of individuals and families by Health Plan that met their deductible for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



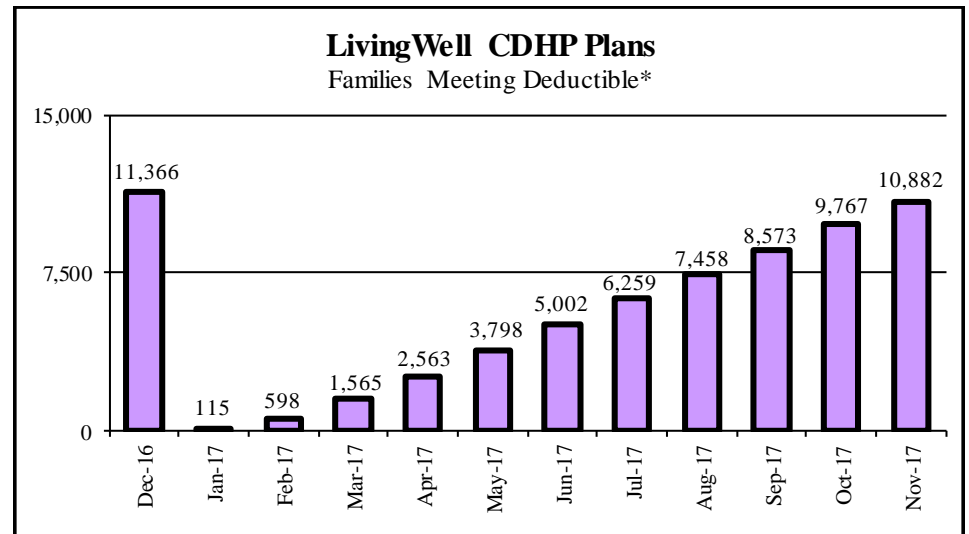
\*2016 Individual Deductible is \$500; 2017 Individual Deductible is \$750



\* 2016 and 2017 Individual Deductible is \$1,250



\* 2016 Family Deductible is \$1,000; 2017 Family Deductible is \$1,500

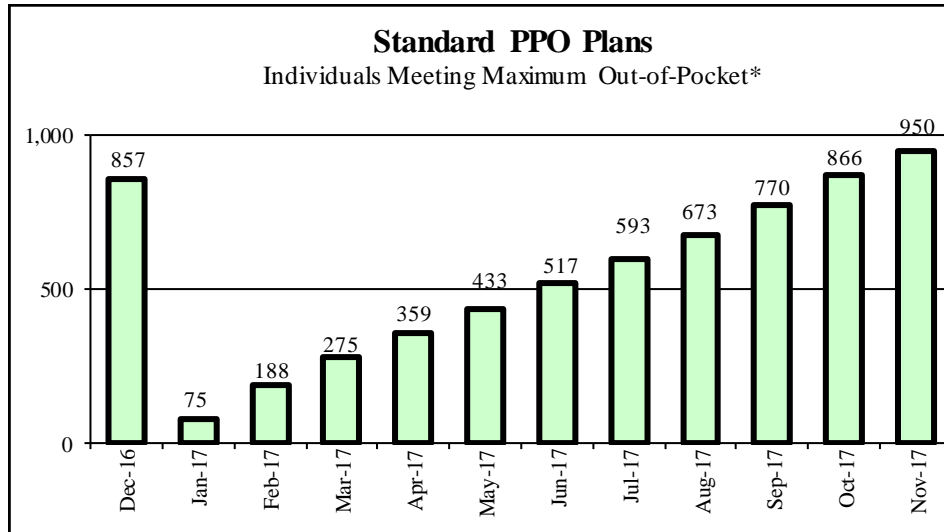


\* 2016 and 2017 Family Deductible is \$2,500

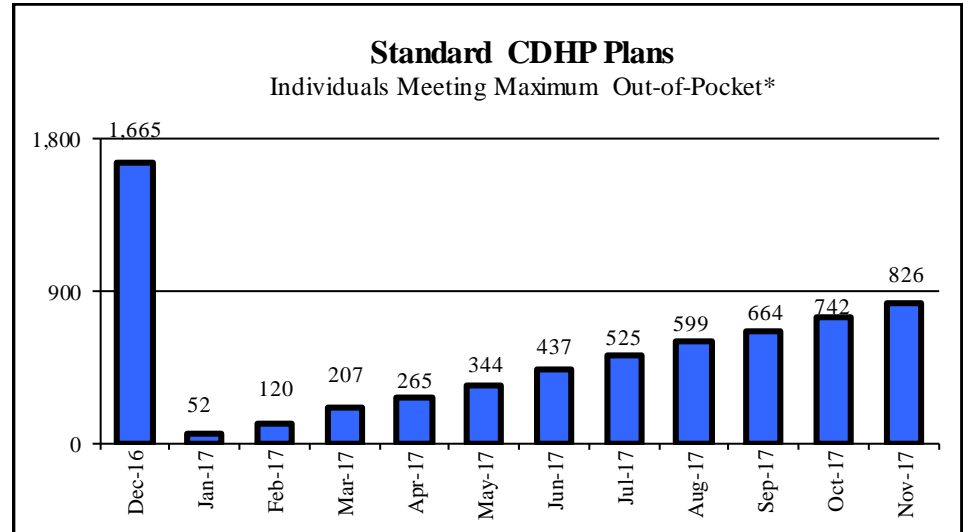


## Analysis of Individuals and Families Meeting Their Maximum Out-of-Pocket Expenses

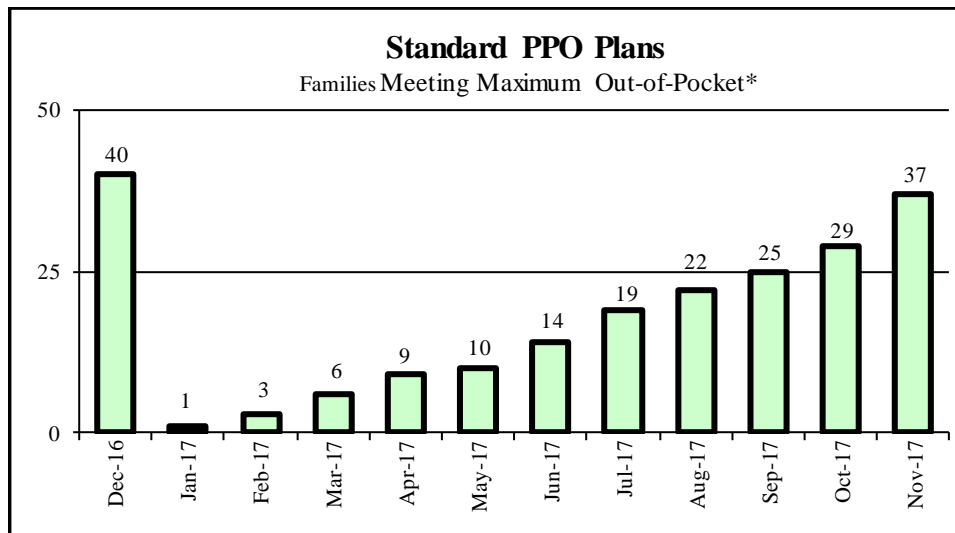
The following details the number of individuals and families by Health Plan that met their maximum out-of-pocket expense for the latest rolling year. This report is based on Incurred Medical and Pharmacy claims.



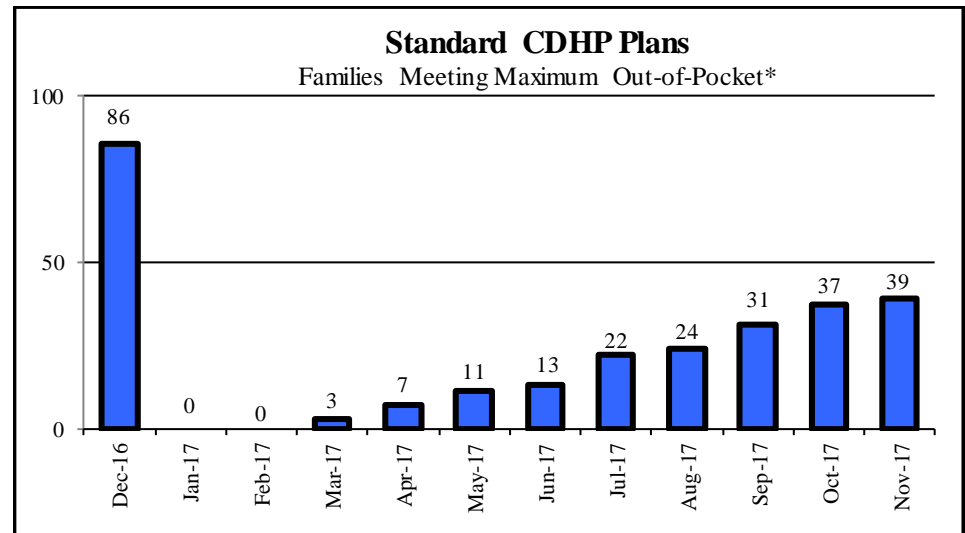
\* 2016 Individual Maximum Out of Pocket is \$3,500; 2017 Individual Maximum Out of Pocket is \$3,750



\* 2016 Individual Maximum Out of Pocket is \$3,500; 2016 Individual Maximum Out of Pocket is \$3,750



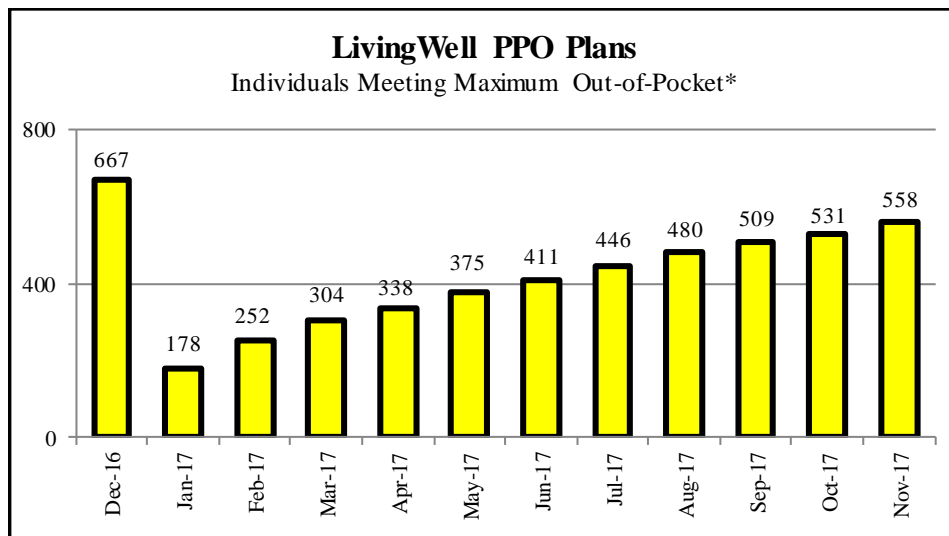
\* 2016 Family Maximum Out of Pocket is \$7,000; 2017 Family Maximum Out of Pocket is \$7,500



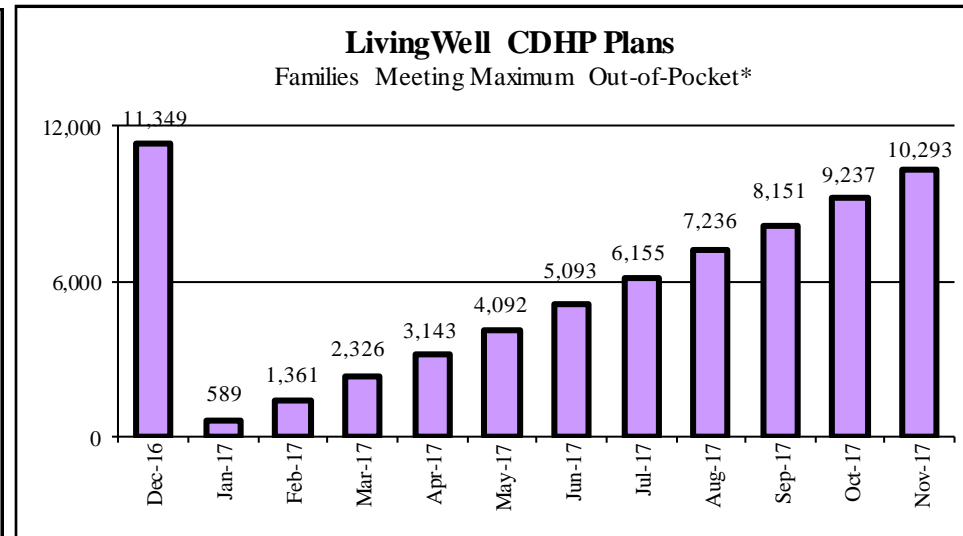
\* 2016 Family Maximum Out of Pocket is \$7,000; 2017 Family Maximum Out of Pocket is \$7,500

## Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses (continued)

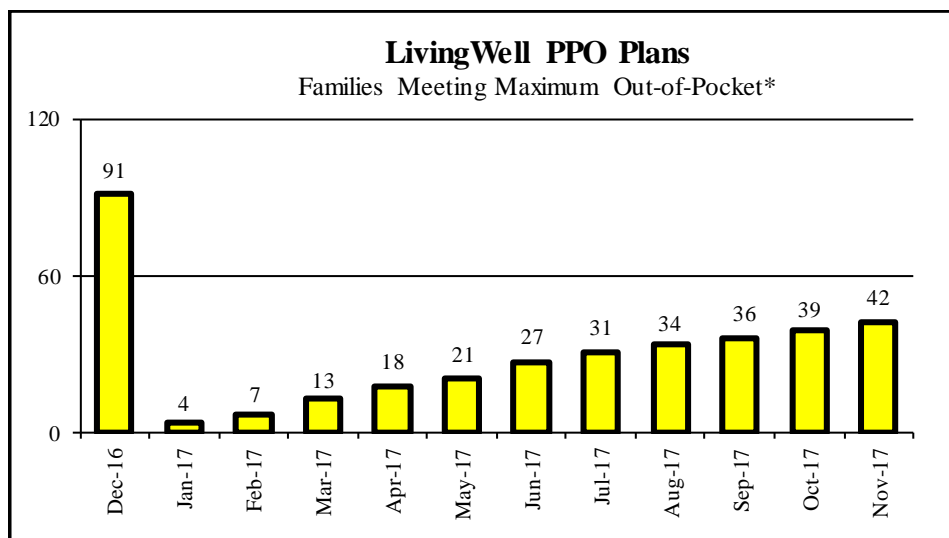
The following details the number of individuals and families by Health Plan that met their maximum out of pocket expense for the latest rolling year. This report is based on Incurred Medical and Pharmacy claims.



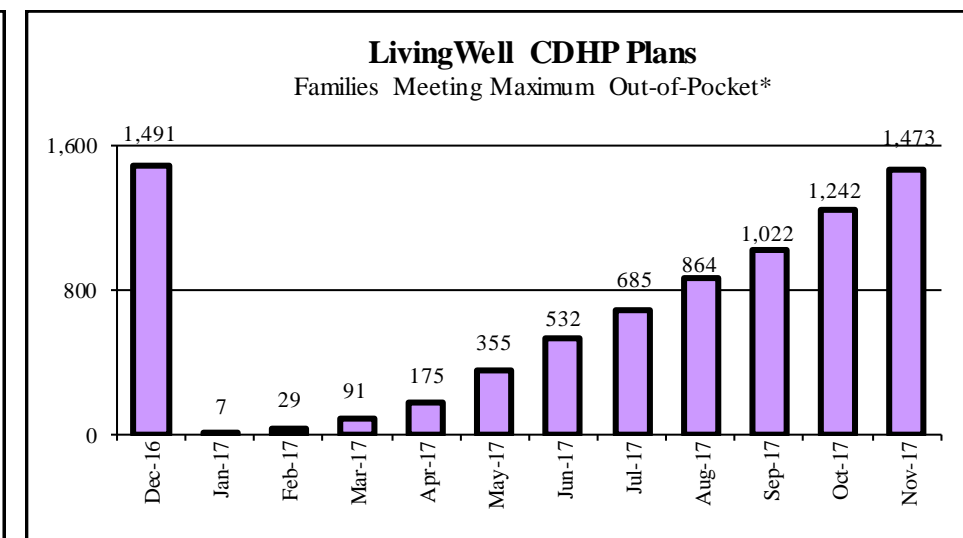
\* 2016 Individual Maximum Out of Pocket is \$2,500; 2017 Individual Maximum Out of Pocket is \$2,750



\* 2016 Individual Max Out of Pocket is \$2,500; 2017 Individual Maximum Out of Pocket is \$2,750



\* 2016 Family Maximum Out of Pocket is \$5,000; 2017 Family Maximum Out of Pocket is \$5,500



\* 2016 Family Maximum Out of Pocket is \$5,000; 2017 Family Maximum Out of Pocket is \$5,500

## **Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out-of-Pocket Expenses**

The following details the number of individuals and families by Health Plan that met their deductibles and/or maximum out-of-pocket (MOOP) expense for the years 2009-2017. This report is based on Incurred Medical and Pharmacy claims.

<b>Individuals and Families in CW Standard PPO (2009-13) and Standard PPO (2014—Present)</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Meeting Deductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>	<b>Deductible</b>	<b>Meeting Deductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>
2009	CW Standard PPO	\$750	32.06%	\$3,500	5.85%	\$1,500	8.74%	\$7,000	1.14%
2010	CW Standard PPO	\$500	38.12%	\$3,500	4.81%	\$1,500	3.61%	\$7,000	0.73%
2011	CW Standard PPO	\$500	39.40%	\$3,500	4.55%	\$1,500	3.99%	\$7,000	0.56%
2012	CW Standard PPO	\$500	40.49%	\$3,500	4.80%	\$1,500	4.98%	\$7,000	0.77%
2013	CW Standard PPO	\$600	36.86%	\$3,000	6.45%	\$1,800	4.35%	\$6,000	1.62%
2014	Standard PPO	\$750	34.91%	\$3,500	6.82%	\$1,500	10.68%	\$7,000	0.82%
2015	Standard PPO	\$750	33.28%	\$3,500	5.31%	\$1,500	9.53%	\$7,000	0.30%
2016	Standard PPO	\$750	34.21%	\$3,500	5.85%	\$1,500	10.07%	\$7,000	0.39%
2017	Standard PPO	\$750	33.07%	\$3,750	5.31%	\$1,500	6.41%	\$7,500	0.25%

<b>Individuals and Families in Capitol Choice (2009-13) and Standard CDHP (2014—Present)</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>
2009	Capitol Choice	\$500	27.85%	\$2,000	1.86%	\$1,500	0.59%	\$6,000	0.01%
2010	Capitol Choice	\$500	25.19%	\$2,000	1.84%	\$1,500	0.49%	\$6,000	0.01%
2011	Capitol Choice	\$575	24.93%	\$2,300	1.61%	\$1,725	0.45%	\$6,900	0.01%
2012	Capitol Choice	\$600	25.70%	\$2,400	1.46%	\$1,800	0.55%	\$7,000	0.01%
2013	Capitol Choice	\$615	25.18%	\$2,470	1.90%	\$1,850	0.52%	\$7,400	0.15%
2014	Standard CDHP	\$1,750	20.45%	\$3,500	7.38%	\$3,500	2.41%	\$7,000	0.47%
2015	Standard CDHP	\$1,750	18.67%	\$3,500	6.90%	\$3,500	1.88%	\$7,000	0.34%
2016	Standard CDHP	\$1,750	19.69%	\$3,500	7.96%	\$3,500	2.17%	\$7,000	0.47%
2017	Standard CDHP	\$1,750	15.39%	\$3,750	5.51%	\$3,500	1.88%	\$7,500	0.33%

## Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out-of-Pocket

### Expenses *(continued)*

The following details the number of individuals and families by Health Plan that met their deductibles and/or maximum out-of-pocket (MOOP) expense for the years 2009-2017. This report is based on Incurred Medical and Pharmacy claims.

Individuals and Families in Optimum PPO (2009-13) and LivingWell PPO (2014—Present )									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting De-ductible	MOOP	Meeting MOOP	Deductible	Meeting De-ductible	MOOP	Meeting MOOP
2009	Optimum PPO	\$250	27.18%	\$1,125	10.05%	\$500	8.42%	\$2,250	1.51%
2010	Optimum PPO	\$300	25.80%	\$1,125	10.89%	\$600	7.05%	\$2,250	1.47%
2011	Optimum PPO	\$345	25.16%	\$1,295	9.99%	\$690	7.31%	\$2,590	1.36%
2012	Optimum PPO	\$355	24.87%	\$1,350	9.93%	\$720	5.51%	\$2,700	1.38%
2013	Optimum PPO	\$370	24.86%	\$1,390	11.11%	\$740	7.64%	\$2,780	1.72%
2014	LivingWell PPO	\$500	11.85%	\$2,500	3.74%	\$1,000	4.70%	\$3,000	0.49%
2015	LivingWell PPO	\$500	34.97%	\$2,500	0.69%	\$1,000	7.88%	\$5,000	0.16%
2016	LivingWell PPO	\$500	35.87%	\$2,500	0.65%	\$1,000	7.87%	\$5,000	0.13%
2017	LivingWell PPO	\$750	30.20%	\$2,750	0.60%	\$1,500	5.70%	\$5,500	0.07%

Individuals and Families in Maximum Choice (2009-13) and LivingWell CDHP (2014— Present)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Meeting De-ductible	MOOP	Meeting MOOP	Deductible	Meeting De-ductible	MOOP	Meeting MOOP
2009	Maximum Choice	\$2,000	14.90%	\$3,000	4.52%	\$3,000	15.96%	\$4,500	3.64%
2010	Maximum Choice	\$2,000	15.12%	\$3,000	4.91%	\$3,000	16.78%	\$4,500	4.14%
2011	Maximum Choice	\$2,300	14.60%	\$3,455	4.53%	\$3,455	18.28%	\$5,185	4.37%
2012	Maximum Choice	\$2,325	14.71%	\$3,550	4.16%	\$3,530	18.82%	\$5,280	3.99%
2013	Maximum Choice	\$2,450	14.55%	\$3,700	4.04%	\$3,650	19.22%	\$5,400	3.56%
2014	LivingWell CDHP	\$1,250	29.04%	\$2,500	8.89%	\$2,500	17.39%	\$5,000	2.24%
2015	LivingWell CDHP	\$1,250	29.30%	\$2,500	8.61%	\$2,500	17.55%	\$5,000	1.89%
2016	LivingWell CDHP	\$1,250	28.69%	\$2,500	9.17%	\$2,500	17.90%	\$5,000	2.35%
2017	LivingWell CDHP	\$1,251	26.50%	\$2,750	7.50%	\$2,501	15.56%	\$5,500	2.11%

## **Premium**

The following details the amount of premium\* paid by the employee and employer for 2009-2017 and monthly through 2018.

<b>Time Period</b>	<b>Employee Premium Amount</b>	<b>Employer Premium Amount</b>	<b>Total Premium Amount</b>
2009	\$210,980,360	\$1,190,104,292	\$1,401,084,653
2010	\$223,160,749	\$1,325,801,265	\$1,548,962,014
2011	\$274,375,886	\$1,324,091,690	\$1,598,467,575
2012	\$271,663,955	\$1,332,767,157	\$1,604,431,112
2013	\$271,156,377	\$1,329,854,915	\$1,601,011,292
2014	\$265,431,508	\$1,348,631,926	\$1,614,063,434
2015	\$256,371,746	\$1,362,686,924	\$1,619,058,670
2016	\$254,661,768	\$1,380,830,820	\$1,635,492,588
2017	\$255,169,294	\$1,374,862,647	\$1,630,031,942
Jan 2018	\$22,239,007	\$116,763,974	\$139,002,981
Feb 2018	\$22,120,908	\$116,327,869	\$138,448,777

*\*Premium is based on enrollment using published premium rates—it is NOT based on actual payments received.*

## **Prescription Drug Utilization** *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency percentage for the most recent rolling year. Based on Paid Pharmacy Claims.

<b>Time Period: Paid Month</b>	<b>Generic</b>	<b>Brand Name, Generic Available</b>	<b>Brand Name</b>	<b>Other*</b>	<b>Total</b>	<b>Scripts Rx % Generic</b>	<b>Scripts Generic Efficiency Rx**</b>
Mar 2017	356,357	9,108	37,186	9,893	412,544	86.38%	97.51%
Apr 2017	307,834	8,436	32,550	8,126	356,946	86.24%	97.33%
May 2017	333,976	9,114	36,084	9,008	388,182	86.04%	97.34%
Jun 2017	317,377	8,974	35,188	9,896	371,435	85.45%	97.25%
Jul 2017	306,977	8,852	34,124	9,556	359,509	85.39%	97.20%
Aug 2017	324,940	9,014	35,553	11,662	381,169	85.25%	97.30%
Sep 2017	314,827	13,818	37,998	9,150	375,793	83.78%	95.80%
Oct 2017	329,095	17,227	43,166	9,605	399,093	82.46%	95.03%
Nov 2017	333,031	10,862	38,317	9,790	392,000	84.96%	96.84%
Dec 2017	356,050	9,866	39,304	9,518	414,738	85.85%	97.30%
Jan 2018	340,570	9,103	34,883	9,152	393,708	86.50%	97.40%
Feb 2018	312,187	6,332	30,986	9,318	358,823	87.00%	98.01%

*\*Other category includes: Over-the-Counter (usually items such as diabetic supplies, syringes, and test strips, etc.) and claims that were unable to be tagged to a specific group.*

*\*\*Generic Efficiency Rate means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.*

**Prescription Drug Utilization** *(continued)*

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Pharmacy Claims.

<b>Time Period</b>	<b>Members</b>	<b>Patients</b>	<b>Scripts</b>	<b>Scripts Per Member</b>	<b>Scripts Per Patient</b>	<b>Allow Amt* Per Script</b>	<b>Net Pay Per Script</b>	<b>Member Cost Per Script**</b>	<b>Patient Cost Per Script***</b>
Dec 2016	262,215	159,280	426,761	1.63	3.14	\$93.78	\$85.37	\$13.49	\$22.21
Jan 2017	263,262	156,870	386,699	1.47	2.94	\$93.23	\$76.22	\$24.78	\$41.59
Feb 2017	263,088	157,746	371,531	1.41	2.81	\$90.76	\$75.90	\$20.83	\$34.75
Mar 2017	263,625	162,233	412,990	1.57	3.01	\$94.75	\$81.14	\$21.14	\$34.35
Apr 2017	263,501	150,847	356,643	1.35	2.84	\$97.78	\$85.67	\$16.21	\$28.31
May 2017	263,511	154,530	386,640	1.47	2.99	\$100.24	\$88.65	\$16.85	\$28.73
Jun 2017	263,072	153,514	370,174	1.41	2.94	\$104.17	\$92.98	\$15.56	\$26.67
Jul 2017	262,229	152,278	359,461	1.37	2.91	\$103.80	\$93.26	\$14.25	\$24.55
Aug 2017	261,495	155,298	380,751	1.46	2.99	\$102.31	\$92.15	\$14.61	\$24.60
Sep 2017	260,408	154,014	374,933	1.44	2.92	\$98.12	\$88.77	\$13.27	\$22.43
Oct 2017	263,913	165,601	398,961	1.51	2.98	\$98.00	\$89.09	\$13.30	\$21.20
Nov 2017	264,289	160,354	391,746	1.48	2.95	\$97.27	\$88.61	\$12.69	\$20.92

*\*\*"Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

*\*\*\*"Member Cost per Script" is the average net amount paid per prescription filled per member (Net Pay Rx/Members)*

*\*\*\*"Patient Cost per Script" is the average net amount paid per prescription filled per Patients (Net Pay Rx/Patients)*

## **Prescription Drug Utilization** *(continued)*

The following Top 25 Drug Analysis is based on Incurred Pharmacy Claims from Jan-Nov 2017.

<b>Prev Rank</b>	<b>Curr Rank</b>	<b>Product Name</b>	<b>Brand/Generic</b>	<b>Therapeutic Class General</b>	<b>Net Pay Rx</b>	<b>Net Pay Rx as % of All Drugs</b>	<b>Scripts Rx</b>	<b>Net Pay Per Day Supply Rx</b>	<b>Patients Rx</b>
1	1	HUMIRA	Single source brand	Immunosuppressants	\$26,604,364.47	7.34%	3,670	\$174.67	720
2	2	ENBREL	Single source brand	Immunosuppressants	\$12,593,852.41	3.47%	1,825	\$158.19	392
3	3	STELARA	Single source brand	Immunosuppressants	\$6,841,745.52	1.89%	493	\$189.99	182
4	4	NOVOLOG FLEXPEN	Single source brand	Hormones & Synthetic Subst	\$6,462,662.91	1.78%	7,543	\$21.97	1,883
5	5	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$6,350,215.60	1.75%	13,802	\$11.60	2,432
6	6	VICTOZA	Single source brand	Hormones & Synthetic Subst	\$6,081,924.25	1.68%	7,459	\$21.75	1,435
7	7	NOVOLOG	Single source brand	Hormones & Synthetic Subst	\$5,907,174.16	1.63%	6,417	\$23.71	1,268
8	8	GILENYA	Single source brand	Misc Therapeutic Agents	\$5,478,132.07	1.51%	388	\$233.81	79
9	9	TECFIDERA	Single source brand	Misc Therapeutic Agents	\$5,141,210.47	1.42%	528	\$219.71	94
11	10	FARXIGA	Single source brand	Hormones & Synthetic Subst	\$4,843,386.27	1.34%	10,211	\$12.87	1,705
12	11	TRESIBA	Single source brand	Hormones & Synthetic Subst	\$4,786,494.25	1.32%	6,130	\$19.98	1,317
10	12	COPAXONE	Multisource brand, no generic	Misc Therapeutic Agents	\$4,773,630.33	1.32%	445	\$200.20	107
13	13	TRULICITY	Single source brand	Hormones & Synthetic Subst	\$4,725,878.83	1.30%	6,614	\$21.43	1,139
14	14	JARDIANCE	Single source brand	Hormones & Synthetic Subst	\$4,556,978.20	1.26%	9,678	\$12.98	1,714
15	15	HUMATROPE	Multisource brand, no generic	Hormones & Synthetic Subst	\$3,918,683.62	1.08%	341	\$183.91	91
17	16	LEVEMIR FLEXTOUCH	Single source brand	Hormones & Synthetic Subst	\$3,627,602.73	1.00%	5,823	\$15.74	1,231
-	17	ESOMEPRAZOLE MAGNESIUM	Multisource generic	Gastrointestinal Drugs	\$3,563,665.92	0.98%	14,617	\$5.92	3,330
18	18	XOLAIR	Single source brand	Immunosuppressants	\$3,247,935.96	0.90%	948	\$97.76	172
19	19	LYRICA	Single source brand	Central Nervous System	\$3,098,059.67	0.85%	6,863	\$13.88	1,267
20	20	SAXENDA	Single source brand	Hormones & Synthetic Subst	\$3,061,492.77	0.84%	2,745	\$34.06	800
21	21	ONE TOUCH ULTRA	Other/unavailable	Diagnostic Agents	\$2,906,866.92	0.80%	20,992	\$3.52	6,729
22	22	VYVANSE	Single source brand	Central Nervous System	\$2,798,121.46	0.77%	14,144	\$6.55	2,496
23	23	IMATINIB MESYLATE	Multisource generic	Antineoplastic Agents	\$2,636,201.90	0.73%	228	\$335.39	30
24	24	METFORMIN HCL	Multisource generic	Hormones & Synthetic Subst	\$2,517,673.15	0.69%	88,620	\$0.67	16,623
-	25	KALYDECO	Single source brand	Respiratory Tract Agents	\$2,413,393.57	0.67%	88	\$845.03	13

\*"Product Name" includes all strengths/formulations of a drug.



**Prescription Drug Utilization** *(continued)*

In summary, the top 25 drugs represent 5.50% of total scripts and 38.32% of total Pharmacy expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$138,937,347	230,612	9,136,299
All Product Names	\$362,577,833	4,190,900	137,316,902
Top Drugs as Pct of All Drugs	38.32%	5.50%	6.65%

## Utilization

The top 25 clinical conditions based on Incurred Medical Claims for Jan-Nov 2017.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Prevent/Admin Hlth Encounters	\$67,426,158	\$592,089	\$66,736,768	0.01	2.00	1064.24	0.45	164,514	\$409.85
2	2	Osteoarthritis	\$37,501,849	\$24,906,629	\$12,551,305	3.51	1.86	139.39	0.29	16,075	\$2,332.93
3	3	Signs/Symptoms/Oth Cond, NEC	\$32,088,858	\$4,614,227	\$26,985,911	0.95	5.61	386.03	9.63	74,864	\$428.63
4	4	Coronary Artery Disease	\$30,746,028	\$17,403,895	\$13,288,447	1.97	3.96	31.26	2.26	5,322	\$5,777.16
5	5	Spinal/Back Disord, Low Back	\$25,072,533	\$9,529,250	\$15,533,732	0.79	3.24	552.34	3.39	29,140	\$860.42
7	6	Chemotherapy Encounters	\$24,676,345	\$1,551,393	\$23,124,951	0.29	4.04	1.87	0.00	653	\$37,789.20
6	7	Pregnancy without Delivery	\$24,661,841	\$18,898,007	\$5,760,933	0.50	3.19	84.65	4.74	5,553	\$4,441.17
8	8	Gastroint Disord, NEC	\$22,929,765	\$5,881,167	\$17,046,473	1.17	4.68	134.09	14.66	30,373	\$754.94
9	9	Arthropathies/Joint Disord NEC	\$22,274,102	\$1,282,314	\$20,933,060	0.22	3.20	528.25	4.84	48,034	\$463.72
10	10	Respiratory Disord, NEC	\$21,327,312	\$7,404,170	\$13,848,364	0.43	3.57	79.85	8.79	22,489	\$948.34
11	11	Condition Rel to Tx - Med/Surg	\$17,504,073	\$12,749,816	\$4,732,339	1.49	5.40	6.33	1.85	4,222	\$4,145.92
12	12	Infections, NEC	\$15,689,447	\$13,971,367	\$1,693,331	0.10	4.92	71.78	2.18	17,920	\$875.53
13	13	Newborns, w/wo Complication	\$14,285,612	\$13,885,247	\$400,329	10.72	2.97	8.31	0.18	3,114	\$4,587.54
16	14	Spinal/Back Disord, Ex Low	\$14,109,801	\$3,641,289	\$10,449,446	0.35	4.67	495.80	2.66	23,392	\$603.19
14	15	Cancer - Breast	\$14,084,431	\$529,167	\$13,484,985	0.12	4.00	22.00	0.07	2,178	\$6,466.68
15	16	Cardiac Arrhythmias	\$13,717,590	\$3,550,912	\$10,155,027	0.68	3.20	33.67	2.10	6,023	\$2,277.53
17	17	Cerebrovascular Disease	\$12,608,210	\$8,943,048	\$3,518,164	1.24	7.63	8.27	1.37	1,855	\$6,796.88
18	18	Diabetes	\$12,489,803	\$2,584,516	\$9,846,796	1.70	5.01	238.61	1.63	26,184	\$477.00
19	19	Cardiovasc Disord, NEC	\$12,085,594	\$2,108,975	\$9,951,040	0.34	5.76	64.97	8.17	16,408	\$736.57
20	20	Renal Function Failure	\$12,063,352	\$2,020,289	\$10,031,483	0.19	3.41	14.53	0.63	2,593	\$4,652.28
21	21	Urinary Tract Calculus	\$10,852,188	\$1,195,007	\$9,657,064	0.53	2.61	17.89	5.78	3,633	\$2,987.11
22	22	Cholecystitis/Cholelithiasis	\$10,517,432	\$2,420,948	\$8,096,280	0.73	3.89	4.61	1.58	1,844	\$5,703.60
23	23	Fracture/Disloc - Upper Extrem	\$9,860,309	\$2,041,029	\$7,808,723	0.26	3.49	67.57	6.88	7,058	\$1,397.04
24	24	Infections - ENT Ex Otitis Med	\$9,732,944	\$384,549	\$9,344,428	0.15	2.69	570.90	4.61	87,238	\$111.57
25	25	Crohns Disease	\$9,273,837	\$1,231,799	\$8,041,796	0.24	4.98	7.00	0.29	744	\$12,464.84

NOTE: Medical payments represent only the payments made for the specified condition.

**Utilization** *(continued)*

In Summary, the top clinical conditions represent more than 56.91% of total Paid Medical Claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$497,579,413	\$163,321,098	\$333,021,176	28.68	4.00	4,634.21	89.05
All Clinical Conditions	\$874,333,495	\$285,677,333	\$586,165,336	64.97	5.83	8,873.38	187.78
Top Clinical Conditions as Pct of All Clinical Conditions	56.91%	57.17%	56.81%	44.15%	68.63%	52.23%	47.42%

## **Claims Lag Analysis**

The following claims lag information is based on Incurred Medical Claims from Jan-Nov 2017.

<b>Plan</b>	<b>Number of Medical Claims</b>	<b>Avg Days Lag Per Claim</b>	<b>% Claims Paid Within 30 Days</b>	<b>% Claims Paid Within 60 Days</b>	<b>% Claims Paid Within 90 Days</b>
LivingWell CDHP	3,587,439	16	91.26%	97.21%	98.77%
LivingWell PPO	3,049,862	16	91.40%	97.31%	98.77%
Standard CDHP	245,507	18	88.97%	95.89%	98.06%
Standard PPO	438,711	19	88.81%	96.02%	98.15%
Missing	20,195	24	84.21%	94.43%	96.83%
All Plans	7,341,714	15	91.08%	97.13%	98.70%

*\*Missing means the claims could not be tagged to a specific plan.*

## Claims Lag Analysis *(continued)*

The following claims lag information is based on all claims (**Medical and Pharmacy**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
Dec 2016	\$3,558,952.58	\$861,497.88	\$734,131.89	\$482,584.16	\$519,954.00	\$572,749.74
Jan 2017	\$7,073,989.95	\$1,711,471.54	\$1,140,490.46	\$1,717,303.04	\$106,336.41	\$957,227.88
Feb 2017	\$37,083,140.62	\$4,307,980.25	\$2,164,300.78	\$1,258,455.73	\$522,328.75	\$249,327.48
Mar 2017	\$66,070,766.95	\$32,759,566.82	\$5,738,837.57	\$3,258,916.35	\$707,454.03	\$409,946.43
Apr 2017	\$6,699.58	\$58,045,033.39	\$34,682,037.20	\$5,888,442.64	\$1,077,153.29	\$1,300,167.97
May 2017	\$0.00	\$3,057.54	\$60,453,136.84	\$42,192,934.04	\$6,059,730.19	\$2,688,253.37
Jun 2017	\$0.00	\$0.00	\$6,387.15	\$73,542,796.77	\$35,500,642.81	\$7,440,565.70
Jul 2017	\$0.00	\$0.00	\$0.00	\$6,096.71	\$64,235,406.89	\$40,504,915.78
Aug 2017	\$0.00	\$0.00	\$0.00	\$0.00	\$25,410.70	\$64,753,367.07
Sep 2017	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,026.33
Oct 2017	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Nov 2017	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Month Paid					
Service Month	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Dec 2016	\$211,572.55	\$38,168.23	\$22,599.39	\$55,468.40	\$19,682.30	\$5,926.44
Jan 2017	\$9,991.97	\$100,966.72	\$69,577.12	\$59,329.28	(\$41,363.87)	(\$4,983.28)
Feb 2017	\$48,174.29	\$301,234.10	\$161,536.96	(\$12,072.79)	\$42,302.28	\$22,072.68
Mar 2017	\$141,331.54	\$63,423.65	\$245,003.72	\$6,656.13	\$90,704.89	\$577,540.96
Apr 2017	\$749,402.15	\$340,848.24	(\$10,512.87)	\$144,515.84	\$225,381.36	\$413,919.40
May 2017	\$1,182,593.01	\$608,513.38	\$156,757.73	\$101,094.84	\$144,059.63	\$88,392.40
Jun 2017	\$2,634,672.48	\$1,321,418.29	\$380,430.59	\$549,728.47	\$242,600.60	\$24,851.67
Jul 2017	\$8,676,456.19	\$2,478,226.54	\$817,425.82	\$398,427.60	\$165,040.32	\$231,571.51
Aug 2017	\$46,667,962.43	\$7,432,040.37	\$1,981,019.14	\$1,119,135.98	\$347,787.83	\$148,652.18
Sep 2017	\$62,558,074.57	\$38,256,676.42	\$7,560,023.04	\$4,518,992.91	\$1,067,408.15	\$510,909.67
Oct 2017	\$8,546.13	\$65,034,013.86	\$42,368,063.28	\$14,061,328.02	\$2,084,186.08	\$1,444,820.41
Nov 2017	\$0.00	\$8,702.67	\$58,299,318.01	\$53,011,122.80	\$7,353,080.29	\$2,349,427.80

## Claims Distribution Based on Age/Gender

The following is based on Incurred Medical and Pharmacy Claims from Jan-Nov 2017.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,183	\$13,566,509.50	\$11,472.74	1,222	\$14,956,017.90	\$12,243.98
Ages 1-4	5,195	\$8,881,800.65	\$1,709.55	5,435	\$10,381,295.02	\$1,910.19
Ages 5-9	7,637	\$8,974,500.79	\$1,175.18	8,044	\$12,415,362.05	\$1,543.49
Ages 10-14	9,006	\$14,214,405.75	\$1,578.34	9,338	\$16,608,037.07	\$1,778.47
Ages 15-17	5,635	\$16,137,235.01	\$2,863.95	5,948	\$15,027,339.15	\$2,526.54
Ages 18-19	3,935	\$9,008,783.53	\$2,289.28	4,122	\$9,495,320.26	\$2,303.68
Ages 20-24	9,517	\$24,658,478.22	\$2,591.02	8,979	\$14,552,800.06	\$1,620.85
Ages 25-29	8,265	\$27,069,674.99	\$3,275.42	4,958	\$8,654,644.88	\$1,745.63
Ages 30-34	9,349	\$35,614,110.65	\$3,809.44	5,268	\$10,591,950.34	\$2,010.58
Ages 35-39	11,202	\$45,798,574.58	\$4,088.46	6,519	\$17,584,055.19	\$2,697.19
Ages 40-44	12,120	\$55,496,898.52	\$4,578.95	7,169	\$26,553,828.82	\$3,704.19
Ages 45-49	14,545	\$76,408,151.51	\$5,253.41	8,831	\$39,923,337.06	\$4,520.71
Ages 50-54	15,112	\$98,785,747.31	\$6,536.73	9,710	\$60,829,027.08	\$6,264.90
Ages 55-59	17,508	\$128,517,879.80	\$7,340.40	10,488	\$83,496,957.88	\$7,960.89
Ages 60-64	19,736	\$167,411,032.43	\$8,482.69	12,061	\$111,384,602.35	\$9,235.03
Ages 65-74	2,540	\$22,795,823.80	\$8,974.03	2,032	\$26,801,445.16	\$13,187.74
Ages 75-84	163	\$1,759,928.43	\$10,830.33	164	\$2,393,385.97	\$14,629.50
Ages 85+	8	\$33,076.10	\$3,985.07	4	\$47,244.73	\$12,432.82
<b>Total</b>	<b>152,654</b>	<b>\$755,132,611.57</b>	<b>\$4,946.68</b>	<b>110,290</b>	<b>\$481,696,650.97</b>	<b>\$4,367.53</b>

### **Allowed Amount Distribution by Member Count**

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2009—2016 and year to date for 2017.

<b>Allowed Amount</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
less than 0.00	22	42	63	105	5816	22	4	2	2
\$0.00 - \$499.99	53,160	57,392	58,044	60,353	60,320	66,180	72,757	72,613	75,200
\$500.00 - \$999.99	34,982	34,386	36,012	36,453	36,748	39,137	39,860	40,966	41,715
\$1,000.00 - \$1,999.99	43,452	42,988	44,147	44,299	43,463	43,065	41,246	40,953	41,294
\$2,000.00 - \$4,999.99	59,566	60,341	60,339	60,139	57,291	51,911	49,218	48,682	47,630
\$5,000.00 - \$9,999.99	35,696	36,028	36,375	36,025	34,307	29,515	26,835	27,279	24,930
\$10,000.00 - \$14,999.99	14,198	14,874	15,009	15,273	14,743	12,825	11,370	11,667	11,118
\$15,000.00 - \$19,999.99	6,849	7,184	7,339	7,651	7,573	6,755	5,606	6,152	5,672
\$20,000.00 - \$29,999.99	6,475	6,960	7,131	7,114	7,271	6,374	5,611	5,912	5,618
\$30,000.00 - \$49,999.99	4,451	4,935	5,155	5,306	5,387	5,272	4,475	4,835	4,464
\$50,000.00 - \$74,999.99	1,773	2,022	2,256	2,391	2,530	2,520	2,225	2,344	2,372
\$75,000.00 - \$99,999.99	688	829	839	914	1017	1,037	944	1,121	1,028
\$100,000.00 - \$149,999.99	545	651	707	789	801	846	777	888	816
\$150,000.00 - \$199,999.99	203	225	274	296	350	344	320	333	308
\$200,000.00 - \$249,999.99	116	117	118	136	147	179	148	167	154
over \$249,999.99	166	196	259	268	295	326	231	255	233
<b>Total</b>	<b>262,342</b>	<b>269,170</b>	<b>274,067</b>	<b>277,512</b>	<b>278,059</b>	<b>266,308</b>	<b>261,627</b>	<b>264,169</b>	<b>262,554</b>

## **Summary of Enrollment and Claims**

The following provides a summary of members, Incurred Medical Claims and Incurred Pharmacy Claims for the most recent rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Net Pay Med and Rx</b>	<b>Net Pay Med</b>	<b>Net Pay Rx</b>	<b>Claims Paid</b>	<b>Claims Paid Med</b>	<b>Scripts Rx</b>
Dec 2016	262,215	\$138,625,513.45	\$102,194,515.88	\$36,430,997.57	733,982	300,119	426,761
Jan 2017	263,262	\$93,379,793.97	\$63,904,536.08	\$29,475,257.89	676,639	282,114	386,699
Feb 2017	263,088	\$94,775,096.61	\$66,577,575.59	\$28,197,521.02	656,048	277,147	371,531
Mar 2017	263,625	\$110,077,035.03	\$76,566,483.83	\$33,510,551.20	728,023	307,202	412,990
Apr 2017	263,501	\$102,863,088.19	\$72,309,855.14	\$30,553,233.05	622,416	259,010	356,643
May 2017	263,511	\$113,678,522.97	\$79,403,779.68	\$34,274,743.29	677,309	282,935	386,640
Jun 2017	263,072	\$121,644,094.53	\$87,227,064.65	\$34,417,029.88	671,356	293,472	370,174
Aug 2017	261,495	\$122,475,375.70	\$87,387,786.07	\$35,087,589.63	684,231	295,868	380,751
Jul 2017	262,229	\$117,513,567.36	\$83,990,208.56	\$33,523,358.80	645,263	278,270	359,461
Sep 2017	260,408	\$114,482,111.09	\$81,199,219.58	\$33,282,891.51	652,176	270,140	374,933
Oct 2017	263,913	\$125,000,957.78	\$89,457,903.07	\$35,543,054.71	716,786	310,601	398,961
Nov 2017	264,289	\$121,021,651.57	\$86,309,082.56	\$34,712,569.01	697,295	298,147	391,746

*NOTE: Includes run out data from all Carriers*

The following illustrates the change in incurred claims (includes Medical and Pharmacy) by rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Total Medical and Rx Claims</b>	<b>Total Medical Claims</b>	<b>Total Rx Claims</b>
Dec 2016 - Nov 2017	262,884	\$1,385,434,335	\$986,073,172	\$399,361,162
Dec 2015 - Nov 2016	262,034	\$1,321,048,568	\$961,077,989	\$359,970,579
% Change (Roll Yrs)	0.32%	4.87%	2.60%	10.94%



## **Appendix A**

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan for members of the Kentucky Group Health Insurance Board (KGHIB).

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

This report is compiled using Advantage Suite, which is DEI's health insurance information management system. Truven warehouses enrollment and claims data on behalf of the KEHP. Enrollment data is provided by DEI while claims data is provided by KEHP's Medical and Pharmacy administrators

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding and dropping dependents, marriage, divorce, Medicare eligibility, etc. Therefore, Advantage Suite is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2016, Advantage Suite processed enrollment information for a total of 262,032 members as well as 7,988,668 claims (3,350,167 Medical claims and 4,553,510 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Advantage Suite.

## **Appendix B—Definitions**

- ***Allowed Amount*** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- ***Carrier*** refers to claims listed by carrier. (Please note that Express Scripts data is designated as Humana and CVS data is designated as Anthem).
- ***Days Supply*** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- ***Employee*** represents an individual eligible to participate in KEHP as a retiree, or by being employed by one of the agencies that participate with KEHP (example: state employee, school board, quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Advantage Suite deals with Cross-Reference plans uniquely. Although there are in fact two “employees” Advantage Suite can only designate the planholder as an employee. Therefore, the Cross-Reference spouse is considered a dependent and all claims and utilization data related to that spouse is counted as a “member”.
- ***Generic Efficiency*** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- ***Group*** is Kentucky Retirement System (KRS), Kentucky Teachers’ Retirement System (TRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, and Quasi/Local Governments).
- ***Incurred Claims*** refer to paid amounts for claims that were incurred in a specified timeframe.
- ***IP*** refers inpatient procedures and/or claims.
- ***LOS*** refers to length of stay of an acute admission.
- ***Mail Order*** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- ***Member*** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- ***Member Cost per Script*** is the average net amount paid per prescription filled per member (Net Pay Rx/Members).
- ***Net Payment*** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- ***OOP*** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- ***OP*** refers to outpatient procedures and/or claims.

## **Appendix B—Definitions** *(continued)*

- ***OP Rad*** refers to outpatient radiology claims an/or patients.
- ***Paid Claims*** specify the paid amount for claims regardless of when the claims may have been incurred.
- ***Patient Cost per Script*** is the average net amount paid per prescription filled per patient (Net Pay Rx/Patients).
- ***Patients*** is the unique count of members who received facility, professional, or pharmacy services.
- ***Plan*** is CW Standard PPO, CW Capitol Choice, CW Optimum PPO, CW Maximum Choice, Standard PPO, Standard CDHP, LivingWell PPO and LivingWell CDHP.
- ***Rcnt SGovt*** refers to recent State Government benchmarks.
- ***Rcnt US*** refers to recent US national benchmarks.
- ***Retail*** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.